

Special Articles on the "Red Plague."

CALIFORNIA ~~STATE~~ BOARD OF HEALTH.

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REGULAR MEETINGS

The California State Board of Health meets regularly the first Saturday of each month, but the stated meetings of January, April, July, and October constitute the quarterly meetings required by law to be held at the Capitol of the State.

By courtesy of the University of California the Food and Drug Laboratory and the Hygienic Laboratory are located in University buildings at Berkeley, California.

Address all communications to the

SECRETARY, Sacramento, California.

APRIL BULLETIN.

ANNOUNCEMENT.

The State Board of Health has at intervals discussed its authority and its limitations in controlling the spread of syphilis and gonorrhoea. These diseases, from an administrative point of view, are very similar to tuberculosis. Each of the three is a communicable, long-continued, parasitic disease, characterized by great variation of severity in individual cases, and by the development of many forms of complications. The "germs" in these three diseases are known, together with enough of their life history and methods of transmission from one person to others to provide a basis for intelligent warfare against them. Yet the application of this knowledge to a fight against syphilis and gonorrhoea has not begun, while to the fight against tuberculosis the application has progressed to the point of campaign slogans in some states of "*no tuberculosis by 1920.*" The reason for this is clear. Through an aggressive business policy covering twenty years, tuberculosis has been placed before the American people as a "contagious," curable, preventible disease, which causes great suffering and economic loss to the whole nation. During these same twenty years, through a mistaken policy of false modesty on the part of the public and false standards of ethics on the part of the medical profession, the American people have been permitted to remain unprotected and ignorant victims of the only great disease rivals which tuberculosis has.

The people proved themselves eager to do battle against tuberculosis when given knowledge and leaders. They will just as eagerly take up the fight against syphilis and against gonorrhoea when provided with the same essentials—knowledge and trusted leaders.

It is the duty and the pleasure of the State Board of Health to render every aid in its power to any effort to prevent disease and to promote a higher standard of health among the citizens of California. Well-intentioned, but otherwise ineffective or harmful, "reforms" are constantly being brought to the attention of the board, and its conservative policy in according recognition to such new movements is well advised. The Association for the Study and Prevention of Syphilis and Gonorrhoea, however, has passed its probation period, and has entered on its second year of growth. It is with special earnestness that the State Board of Health commends the work of this association to the thoughtful attention of California citizens.

The papers printed below have been kindly loaned for publication from the proceedings of the association for 1909.

THE "RED PLAGUE" SOCIETY.

Abstract of the Report of Secretary R. A. Archibald of the California State Association for the Study and Prevention of Syphilis and Gonorrhoea for the year 1909-10.

In April, 1909, the California Public Health Association devoted the major part of its session to the discussion of a remarkable paper upon the need for popularizing medical knowledge concerning syphilis and gonorrhoea. This paper was not in itself so remarkable. It consisted of careful, accurate, scientific statements of fact concerning the prevalence and communicability of syphilis and gonorrhoea, and a review of the early International Congresses on Syphilis. Nor was the fact that a woman presented the paper the dominant factor in marking it as exceptional. The significant fact was that through the tact and fearlessness of the speaker, Dr. Francis M. Greene, the audience of men and women—physicians and laymen—was lifted above self-consciousness or thought of discussing an offensive subject. The spontaneous and well-directed flow of question and answer which continued during the hour following the paper bore testimony that a subject of vital importance to the health of the public had been presented by a mother who recognized in syphilis and gonorrhoea two more "germ" diseases which must be fought, just as mothers have fought many other preventible diseases which threaten the lives and happiness of their children. There was no embarrassment. The fact that the commerce of the "red-light" district is an important factor in the spread of these two diseases was frankly accepted and discussed, just as the contamination of a dairy water

supply by the sewage of a village is recognized as one of the important factors in discussions on safe milk for children.

The majority of laymen present realized for the first time that these diseases are due to biological agents that have been studied by scientists just as the typhoid bacillus, the tubercle bacillus, and the many other "germ" producers of disease have been studied. The majority of the physicians present realized for the first time through the eager questions asked them by the laymen, that the public could be made to see that these diseases were not primarily an exhibition of divine wrath against moral laxity, and consequently a force for good and not evil.

Dr. Greene's address closed with a plea for the establishment of a society which should organize a sane, dignified, effective campaign of education concerning the prevention of the diseases of syphilis and gonorrhœa. At the end of the discussion a motion to immediately organize such a society was enthusiastically endorsed, and Dr. Greene was elected president for one year. Dr. R. A. Archibald of Oakland was elected secretary. An executive committee was also elected and given full power to complete the details of organization and to call subsequent meetings. There were approximately 40 charter members of this new society, representing every geographical section of California and every profession and occupation. The organization and its problem stood face to face.

The California Public Health Association proceeded with its program.

The executive committee of this newly organized society began its work with the duties of selecting a name, preparing a constitution, and developing the machinery for carrying forward the campaign of education, the need for which had resulted in its establishment. It is significant that this committee had received instruction from the founders on only one point—the purpose of the society should be to study syphilis and gonorrhœa as preventible diseases, and to work for their eradication along scientific lines. The society was "*to remain unbiased; to give every side of the question a hearing, and to work for one sole purpose—the common good.*"

The expressed opinions of the founders had shown clearly that this was NOT to be a society for the *improvement of moral standards*, unless it could be demonstrated that this is the only method or the important method of fighting the two diseases it was organized to combat. The abolition of alcohol and saloons was *not* to be a campaign factor, unless it was found to be essential to the work of the society. The "red-light" districts were not to be attacked except as a measure in the warfare against these diseases. In brief, this society should come frankly before the public advocating a single great cause—the *elimination of two of the most important preventible diseases with which man has to struggle*. "To remain unbiased," to be honest, to be fearless, to be dignified, and to educate the citizens of California without unduly alarming them, these were the foundation principles on which the executive committee was instructed to build.

That these principles of "square dealing" with the public have been followed out is evidenced by the adoption of the name of the society, by the announcements which have been printed for distribution, by the character of the programs that have been carried through at the public meetings which have been held. The officers of the association early decided to establish two important committees—Committee on Scientific

Research, Committee on Education. These committees have made good progress within the past year. The Committee on Research is collecting accurate morbidity statistics on the prevalence and distribution of syphilis and gonorrhœa in their varied forms of appearance. When one considers that conditions of ill-health and death caused by the "germ" of syphilis are classified by the United States census under 80 titles; when one considers that the "germ" of gonorrhœa, as the disease is commonly known, requires 50 titles and also causes some 25 other diseases listed by the census, including the disease of new-born babies' eyes—*Ophthalmia neonatorum*; when one considers that for centuries an unenlightened public has believed either that these diseases never occur except as evidence of immoral relations between men and women, or that they are trivial, easily cured diseases; when one considers that the physician to-day holds that his first duty is to his patient, and therefore withholds the information in these diseases which an enlightened public demands that he shall give to their public health officer in all other communicable diseases; when one considers all these things, it becomes obvious that the Committee on Research has a difficult problem before it.

The second task which this committee has undertaken is the development of an exhibit which shall truthfully, reassuringly, and vividly, yet without offending the sense of propriety of the thinking public, portray the causes, methods of spread, and methods of control of these diseases. A beginning has been made with the aid of the State Board of Health, and much is expected of the committee's further work in this direction.

The Committee on Education has had equally difficult problems to face. It has carried out (1) a schedule of monthly society programs dealing with ways and means of popularizing the medical and biological facts about syphilis and gonorrhœa; (2) a series of lectures by request in various parts of the State (members of the society volunteering as lecturers); (3) two important symposium programs before the invited general public. These meetings have been attended by audiences of from 50 to 500 persons (the San Francisco meeting 350, Berkeley meeting 250, Santa Cruz lecture 500).

The Education Committee is now working over this experimental lecture material with a view to outlining skeleton lectures in series with full scientific references, statistical facts, historical data, and information on the many attempts at legislation and other means of control which have failed or now promise some degree of success. A review of the many books bearing on the subject, and a helpful criticism of those few books which are worthy of recommendation is another difficult task assigned to this committee.

The association has had a finance committee which has contrived to cover the essentials of expense during this first year. This committee is indebted to the generous contributions of a number of active workers in the association and to several interested persons not directly identified with it.

The members of the association should have every reason to believe that they have planned broadly, and that they have not counted on the coöperation of the public in vain. Popular education is admittedly the great factor in successfully combating these diseases which stand with tuberculosis as giants among the preventible causes of human misery, ill-health, and death.

THE REASON FOR THE "RED PLAGUE" SOCIETY'S EXISTENCE.*

President DAVID STARR JORDAN, Leland Stanford Junior University. Vice-President California State Association for Study and Prevention of Syphilis and Gonorrhœa.

* Partial stenographic notes of President Jordan's address delivered as the opening address of the first general meeting of the California State Association for the Study and Prevention of Syphilis and Gonorrhœa, San Francisco, January 24, 1910.

We have been much interested in these days in the greatest triumph of applied science, the extinction of plagues and of the animals and plants which produce them.

Nearly forty years ago the discovery was made by many men working on different things that the air might be filled with minute invisible germs of plants and even of animals; that these germs would reproduce their kind as accurately as a hen's egg or a turnip seed; and, finally, that all phenomena of decay, of fermentation, putrefaction, and of infectious disease on men or animals or plants were reproduced by the growth of these minute organisms. When men turned their microscopes on them, these creatures could be seen. With instruments of precision their life history could be traced, and in proper fluids they could be planted, cultivated, and multiplied. Microbe, minute life, was the general name given to them. Bacteria, bacilli, and the like were names of the plants, while the one-celled animals or protozoa answered to the name of *Amoeba*, and to many other names.

In 1877 Professor Tyndall declared: "Now that we know what our enemies are we shall learn how to fight them," and the battle with microbes is now the firing line of science.

Already societies are everywhere attacking the germ of the White Plague, tuberculosis, and the damp, close, confined air which it most frequents.

The Black Plague (the bubonic) had our city (San Francisco) in its grasp, as it once held the city of London. But the strong hand of the National Government was reached out to us. The rats were slain, the poisoned Asiatic fleas died with them, and the human race was preserved. The great plague of London 300 years ago died when the rats were gone, but it took 100,000 human lives before the race of rodents and their parasites had finally disappeared.

The yellow plagues, smallpox and yellow fever, have likewise been partially conquered. The microbe of smallpox loses its virulence in passing through the body of the cow. The yellow fever can be transferred only by the intercession of the mosquito, and a spoonful of coal oil on a pond will kill a million of mosquitoes.

And to-night we meet to combat the Red Plague, the one horror of bacilli that in the sorrow and suffering it causes outranks all the others; and yet most of us never speak of it at all, leaving all discussion of its ravages to the monstrous quacks who advertise in the daily press.

The infectious diseases which I have called the "Red Plague" are mainly two in number, quite unlike in their nature, produced by wholly different microbes. Physicians call the one syphilis, the other gonorrhœa. The two agree in this: Their development is slow and not violent, hence a person may be hopelessly ill, even a danger to the community, without seeming to be an invalid at all. In connection with this trait is another—neither disease is readily communicated. Hence, they are spread only through intimate association of the well with the diseased.

It is not that either or both of these are punishments for immoral life. They have no necessary connection with wrongdoing. They are simply groups of microbes spreading from one person to another by contact. A thousand immoral acts, if the germ were absent, would not produce disease; at least, not infectious disease of these forms.

But in the rush of the world the lewd men or women have become infected. Immoral women and immoral men, for the most part, the world over, have acquired one or both these hideous flesh-destroying complaints. All of them stand ready to transfuse them to the blood of the innocent. And for the most part, to the pure in heart, this infection of the slums and the wallows of old Asia and Africa is a fate worse than death.

In another regard the two are much alike. The ordinary microbe runs its course, through fever and pain, and at the end the victim is cured or dead. If cured he is likewise usually immune. But the red plagues know neither cure nor immunity. Syphilis, the most terrible, is also, I believe, the most curable. No one ever certainly knew that he was cured of gonorrhœa. It may arise again and again, and its germ at any time may contaminate, may murder, the innocent.

The time will come when we shall quarantine against the Red Plague as against the White, the Black, and the Yellow. Meanwhile, we must know what our enemies are, and in the long run we may exterminate even these, the worst because the most subtle and most hidden of all the microbes which threaten the life of man.

THE SITUATION—THE PRESENT ATTITUDE OF THE PUBLIC TOWARD VENERAL DISEASES.*

JOHN C. SPENCER, M.D., Assistant Professor Genito-Urinary Diseases, Medical Department, University of California. President California State Association for Study and Prevention of Syphilis and Gonorrhœa.

* Address delivered at the first general meeting of the California State Association for the Study and Prevention of Syphilis and Gonorrhœa, San Francisco, January 24, 1910.

Deeply impressed by a sense of recreancy in our duty to our fellow-citizens, the members of the California State Association for the Study and Prevention of Syphilis and Gonorrhœa have entered upon a campaign of *publicity* and *education* regarding these two diseases, which is the counterpart of twelve or more similar movements in the United States and certain foreign countries.

Responsibility of the Medical Man.—We, as physicians, feel the more deeply the responsibility resting upon us as guides and teachers in the fuller recognition of the serious even disastrous consequences of venereal disease, wrought primarily through *ignorance*. Our calling necessarily brings us into more intimate contact with the result of venereal infection. It is to us, therefore, that the public necessarily looks for a reasonable and sane presentation of accurate details as to these diseases and their dangerous sequelæ.

Ignorance.—Convinced that ignorance is one of the greatest curses of mankind, if not the greatest, we are working zealously to combat and neutralize the dense and inexcusable ignorance of the nature and effects of syphilis and gonorrhœa.

As many in this audience are doubtless aware, *The Ladies' Home Journal*, *McClure's Magazine* and *Pearson's*, have thrown the moral weight of their support into the publicity-phase of this movement. The time has long passed when the public, because of its moss-grown conservatism and groundless prejudices over matters which it does not wish to consider, may, ostrich-like, foolishly blind itself to a situation which threatens the very backbone and fiber of our nation.

An Instance of the Benefits of Publicity and Education.—San Francisco has just emerged purified, literally and figuratively, from a campaign of education on the subject of *bubonic plague*. Need we recall to you how this menace, coming as it did on the heels of our great catastrophe, resulted in calling down on the heads of the devoted few who fearlessly warned whereof they knew the execration of the press, of civic officials, and a judicial ruling, that plague did not exist here. How plague, after smoldering, to appear sporadically, the Public Health and Marine Hospital Service assigned to its official, Dr. Rupert Blue, the almost herculean task of eradicating the disease from our midst. Clothed with ample Federal power, did he seek to use it arbitrarily, thereby forcing stagnation or paralysis of commercial and civic life and an unreasoning public resistance? No. With supreme wisdom and tact he organized a campaign of education reaching to the uttermost ramifications of our civic life, including the children in our public schools. People were taught in plain, homely ways the necessity for keeping themselves and their environment clean, in the sanitary sense. At the successful conclusion of this campaign, Dr. Blue was acclaimed as our savior. This is cited to you as the latest illustration at your own doors of the advantages of publicity and education in a most successful fight against disease.

Venereal Disease More Dangerous than Bubonic Plague.—Venereal disease is more far-reaching and disastrous in its effects upon human beings than bubonic plague could possibly be. It is immeasurably more dangerous, because familiarity with it on the public's part has bred contempt for it. A contempt, fostered through ignorance and a complacent acceptance of its consequences as being inevitable, and like the fleas on a dog, a part of the animal's very existence.

Statistics.—Much of the time allotted here might be used in thundering masses of statistics at you, which appall maybe for the moment, but whose effect is soon lost through a benumbing of the brain. Suffice it to say that when reliable figures show that 85 per cent, and according to some even 90 per cent of all men have, at some time in their lives, suffered from gonorrhœa; that about two million of the people of this country are actively syphilitic, this gives an approximate estimate of the widespread nature of these diseases. From this very indifference springs their insidiousness. The country is just awakening to the dangers of tuberculosis. Far greater is the necessity for its awakening to the immediate and remote dangers from venereal disease.

Dangers to the Innocent.—When the individual exposes himself to the danger of a venereal infection, he does so with the full consciousness of its dangerous possibilities swept into the background for the moment by the wave of his desires. But how about the innocent wife exposed

under perfectly proper conditions? How about the wife-to-be, exposed through a kiss from infected lips or secretions from the mouth? How about the members of a family exposed through the use of table utensils in common; or of strangers through the unspeakable filthy and barbaric community drinking cup in public places and conveyances; or of communicants at the sacrament of the Lord's supper similarly exposed? What protection have any or all of these? None.

Dr. Prince Morrow of New York City, probably the leading authority in America on venereal diseases, states that about 10 per cent of married women are infected with gonorrhœa from their husbands. Innocently, in large part, let it be said. Were such fiendish selfishness deliberate it would be monstrous. The vast majority are infected as the result of indifference or ignorance. In the absence of symptoms, painful or otherwise, the fault lies in insufficient or incompetent treatment and instruction of the patient.

How can the average woman, reared as she is, know that she is in danger of being infected with a venereal disease? The serpent or wild beast give warning of a too near approach by a hiss or a growl. Not so with venereal disease. Its deadly and destructive virus comes lurking in most alluring form, cloaked with sacred emotions. The unfortunate victim, all unsuspecting, sooner or later becomes racked with painful and distressing symptoms which precipitate her into partial or total invalidism, from which it is only too frequently impossible to relieve her. Were the results always fatal a merciful ending would relieve. A not infrequent termination to this sad picture is a capital operation, unsexing and saving life at one fell stroke. Surely a fearful visitation upon unwarned and long-suffering womankind. This is one outcome from gonorrhœa. Entire works are devoted to the consideration of so-called "Syphilis of the Innocent." No inconsiderable proportion of syphilitic infections come through channels not sexual. So much for acute infections.

What shall be said of the remote secondary manifestations of gonorrhœa, and the later and hereditary effects of syphilis? Certain high medical authorities go so far as to unhesitatingly assign syphilis as the invariable cause of locomotor ataxia. Our insane asylums are plentifully peopled with the victims of paretic dementia (a form of incurable insanity) almost wholly due to syphilis. Syphilis is a disease of degenerative changes selecting preferably the coats of the blood vessels. All active and outward evidences may have vanished years before. As middle life approaches, the changes in the blood vessels become more active. Aided by daily indulgence in even a moderate amount of alcohol a man who should live to give wise guidance to his growing sons, or conduct some important enterprise, is suddenly cut down in his prime, either by death or a permanent paralysis of brain or body through the giving way of the coats of a brain artery.

Destructive Effects upon National Vigor.—When we know that over 50 per cent of the blind are so as the result of infection from the mother in the act of birth, and immediately subsequent ignorance and neglect; when we know that approximately 30 per cent of all miscarriages are due directly to latent gonorrhœa conveyed by the husband; when we know that some young men have the channels of their virility per-

manently sealed as the result of a severe gonorrhœal infection; when we know that syphilis is a huge causal factor in the production of stillbirths and early death after birth, and that the unfortunate survivors drag out a miserable existence due to enfeebled vitality and resisting powers; when the biblical warning as to the transmission of infection, or its direct consequences, to the children of the third and fourth generations is thus fully borne out; when these few and necessarily fragmentary broad facts are submitted, the correctness of the statement as to the effect of venereal diseases upon our vigor as a nation is easily grasped.

If the procreative ability of the sexes is curtailed or abolished; if the physical character of the race is lowered as the result of taint transmitted to the offspring, only a degenerate nation can result.

Palliative and Preventive Measures.—First as to educational measures. We believe it to be the duty of each community to educate mothers as to the phenomena of reproduction. When the inquiring mind of the child asks as to the reason and manner of its being, it shall not have its very natural inquiry hushed, to receive later from some ignorant servant or vicious older companion an answer cloaked in a false glamour of mystery or shame.

Then we feel that with the dawning of intelligence, children in the lower school grades, suitable instruction in the phenomena of reproduction of plant and the simpler forms of animal life should be supplied, incidentally pointing out the results of errors in the regular process of these phenomena. Following this plan by easy gradations, the reproductive processes of the higher animals and man should in the higher or preparatory schools lead to obligatory courses in hygiene in the colleges and universities, with a frank exposition of the evil physical results of sexual irregularities.

All forms of outdoor exercise and wholesome sport should be sedulously inculcated in the growing sexes in order that a wholesome expenditure of physical energy may be followed by a corresponding physical fatigue, which shall divert the mind from contemplation of sexual matters. These steps may and should be supplemented by free public lectures. Thus by a frank and rational consideration of venereal diseases the public will gradually come to realize the advantage, nay, the necessity of safeguarding itself, through affording proper facilities to every infected citizen for intelligent care of him or herself. This would imply ample clinical and hospital facilities for the proper care or even quarantine of the ignorant and careless proletariat. Parenthetically, it is safe to say, that in the new city and county hospital about to be erected, as yet no provision has been made for a ward devoted solely to the care and treatment of venereal diseases. It is hoped that the reverse will be true at the time of its completion.

At the present time no member of a lodge or fraternal organization is entitled to or receives sick benefits following contraction of a venereal disease. Ample statistics have been collected showing the serious inroads made upon the efficiency of workmen, and the losses to employers through the enforced absence of workmen incapacitated by venereal disease. The deprivation of competent treatment of these diseases is one of the chief causes which drives the ignorant and poorer public into the

hands of the advertising charlatans and the counter-prescribing druggists. The victim's ailment is thus indefinitely prolonged and rendered vastly more dangerous to his associates, through the false sense of security thus acquired.

The Denmark System.—Little Denmark leads the civilized world in its management of venereal disease by affording free treatment for any of its inhabitants. Thus the individual has no excuse for not giving proper care to his ailment. Compulsory notification of the authorities by the attending physician is exacted, the privacy of the patient being safeguarded by a number. Only neglect of their condition by the patients calls for police interference and compulsory treatment, even under quarantine. Such an ideal control of venereal disease is possible in this or any civilized country.

Regulation of Prostitution.—Consideration of the so-called regulation of prostitution, because least effective, is left to the last. In short, it neither regulates nor checks the spread of venereal diseases. In those cities where regulation is attempted, as Hamburg, Bremen, Antwerp, and Budapest, and wherever it has been attempted in the past and given up as ineffective, it has been invariably found to put a premium on clandestine prostitution, the latter class outnumbering the so-called registered prostitutes three to one. The reasons are not far to seek. The registered class is subjected to a rigorous curtailment of its personal freedom in the city section assigned to it. The inspection-examination is, as a rule, roughly and inconsiderately made with the infliction of pain and unnecessary humiliation. There are other reasons, but these are the chief.

Segregation, as most completely exemplified in Japan, legitimizes prostitution and the supposed protection against infection offered by skilled periodical inspection of these unfortunates, is, in the first place insufficient to prove the absence of disease, even in the hands of the most skilled. Secondly, it inspects only women and not men who are equally capable of being contagion-carriers.

Inspection carries with it a false sense of security to men of easy virtue and most of all to immature or developing boys, who, through the teachings of vicious elders, or—and I say it with shame for some of the members of my profession,—being led by physicians to believe that sexual gratification is essential to health and manliness, indulge themselves. Let it be trumpeted forth to all mankind that “the health of no man ever suffered or was endangered by sexual continence, whereas one impure contact has resulted in a disease which has wrecked countless men.”

A young patient, faultily imbued with the correctness of the converse of the preceding truth, asked the speaker what a young man was to do since continence was urged, and the average income of a man at his age was inadequate to the maintenance of wife and family under present conditions and artificial standards of living. The reply was, that his reasoning started on a false premise; further, that it was a profound reproach to present-day parents that their daughters were reared with so superficial a conception of their duties and responsibilities. Extravagance in dress and mode of living and entertainment are allowed as a matter of course. Instead of a premium being placed on early mar-

riage, and through it the upbuilding and strengthening of the nation, it is placed upon the profligacy of the young men of the nation, with its consequent train of venereal disease and degeneracy.

Responsibility of Parents.—How many fathers have had the wisdom and foresight to solicit and foster the confidence of their boys and to discuss sex matters freely with them in order to point out the dangers of illicit indulgence? How many mothers have shied away from a frank discussion with their daughters, of the phenomena of the highest and most sacred function bound up in their existence, nay, their very existence—the bearing and rearing of children? Fathers guard and be near your sons. Mothers, teach your daughters wisdom, cultivate their confidence, keep them near you.

In conclusion, be persuaded to cast off the old unwise attitude of secretiveness and repression of the knowledge of sex matter. In the interest of self and national preservation, awaken to the courageous newer and wiser view of sexual health, and become active factors in the inevitable and widespread movement to limit the ravages of venereal disease.

FACTS.

THE NATURE OF THE VIRUS OF SYPHILIS.*

DOUGLASS W. MONTGOMERY, M.D., Professor of Diseases of the Skin, Department of Medicine, University of California. Member Committee on Scientific Research, California State Association for Study and Prevention of Syphilis and Gonorrhœa.

* Address delivered before the first general meeting of the California State Association for the Study and Prevention of Syphilis and Gonorrhœa, San Francisco, January 24, 1910.

Through the accident of the way venereal diseases are usually acquired the public has always regarded them as subjects to be avoided. Not long ago I visited a friend in the Eastern States who is one of the authorities of the world on these diseases. The literature on these diseases is now so extensive that it constitutes a learning apart by itself, and this man not alone knew the literature, but had an extensive practical knowledge of these diseases in all their phases. In looking over the morning paper, one of the prominent New York dailies, I ran across the word "syphilis." In such a place the word looked strange to me, and I mentioned it to my host. He said that he also had noticed this word, and that it had given him somewhat of a shock, although, as above shown, this subject was so interwoven with his daily work. It struck me that if we, who were used to the subject, would be somewhat startled at seeing it in public print, it must, indeed, make a disagreeable impression on a layman. The avoidance of this subject by the newspapers shows how sensitive they are to public sentiment, and also the shrinking, even the callous, the public has developed in regard to these diseases. Not long ago a play was written in Paris with syphilis as its main theme. It was a long time before it was permitted to be acted, and then only because it was urged that the intention of the play was to elucidate the nature of the disease, and enlighten the public in regard to it. This brings us to the reason for the present meeting. It is a part of a movement, general throughout Europe, to bring these diseases into the light, and to show what they really are with the hope that publicity, that great cleanser in many walks of life, may serve to lessen their frequency. Repression and secrecy have done nothing.

Of the prevalence of these diseases there can be no doubt. Gonorrhœa in the large cities is supposed to be nearly as frequent among males as measles. In Paris it is said that every tenth man has syphilis. I do not believe that syphilis is anywhere nearly that frequent in this city (San Francisco) yet, but it certainly is a very prevalent disease, and is rapidly increasing. These diseases are, therefore, altogether too prevalent and altogether too sinister in their effects to be ignored, and, besides, ignoring them does not decrease them. Many good people have the idea that these diseases are only contracted by the lewd, and that they form a really salutary punishment for sin. The weakness of this mode of reasoning lies in the fact that here, as in many other instances, the just and the unjust suffer; not, it is true, in like proportion, for the unrighteous being more exposed more frequently contract these diseases, but yet many innocent people suffer. It is estimated that in syphilis alone 10 per cent of the males that contract this disease acquire it innocently, and 25 per cent of the females.

If a man having florid syphilis acquired in lewd intercourse goes to a barber shop, and through soiling of the instruments his disease is conveyed to a succeeding customer, it is a poor consolation to him whose disease is thus innocently contracted, to be told that his case is just a slight deviation from the general law ordaining these diseases as a punishment for sin and that the law is just, right, and beneficent, and that these side excursions of Providence should be borne with meekness and humility in view of the general good wrought by the disease.

To those who look at these diseases simply as contagions, acquired in a peculiar way, owing to peculiarities of the virus involved, the moral good wrought by them is not very apparent, and the physical evil is very apparent indeed. And then again, we have not spoken of the babies and the innocent children that become infected and have to bear throughout their life a long train of undeserved afflictions. Many efforts have been made to control these maladies, but usually without success.

It has been recognized that the promiscuous female is their chief distributor, and she has been locked up, but all of her kind can not be locked up for a sufficient length of time. Then the official examination of such women is repugnant to our institutions, and, furthermore, the stealthy and hidden nature of the most terrible of these diseases, syphilis, that for long stretches of time, even during its most infective period, will run along without readily perceivable symptoms, makes the official examination comparatively useless. In Copenhagen there was a determined movement instituted to stamp out these diseases. An extensive system of examining public women, and free treatment with residence in the hospital were granted to all infected, both men and women. This glad news of free treatment with bed and board soon spread among the sailors of the North Atlantic, and shortly there were more venereal diseases than ever in Copenhagen. When I was there in 1907 the examination of the public women had been discontinued as useless. A more determined effort still was made in Strasburg to control these diseases, not as a moral or philanthropic question, but as a war measure. Strasburg is a fortress with a large garrison, and the soldiers, especially the cavalry, have to be in such a state of efficiency and readiness, that if a telegraph key is pressed in Berlin at midnight the message is instantly transmitted by underground wire, and by

dawn the Uhlans will be many miles over the French border. Men afflicted with venereal diseases are inefficient, and as such inefficiency represents great danger in war the laws regulating the control of such contagious diseases are carried out with great exactitude, and with fairly good results. This case of Strasburg is a special one, however, and does not represent the state of affairs as, for instance, found in San Francisco. Practical experience has shown that public inspection is incapable of stamping out these infections, and that even the method of free treatment is also inefficient. Enlightenment in regard to the nature of venereal diseases is therefore the last resort. Publicity has done so much in clearing up many evils that possibly it may be efficacious here.

The virus of syphilis is a microörganism of a spiral shape. It is so delicately thin, so transparent, and so difficult to tint with the colors that are used in coloring other microörganisms that it for long escaped observation. It remained for a naturalist named Schaudinn to discover it. This man was an enthusiastic investigator, especially of the class of microörganisms that is represented here, and he had a most wonderful pair of eyes. These wonderful eyes, the marvelous instruments furnished by modern invention, and the knowledge possessed by this investigator, were the three factors necessary to this discovery. When he saw this tiny organism, although it so closely resembled many of its class, yet he knew he had never seen it before, and was able to designate it as the probable cause of the infection. That it is the cause was proved by subsequent investigation. That an organism so small can inflict so much misery seems at first sight unbelievable, yet it is fully in accord with what we know in regard to microörganisms. And herein lies the cynicism of Nature. Man, the very highest of animals, has for his greatest moral danger his fellow men, and this is dignified, for here his enemy is equally developed with himself. But for his greatest physical danger, he has as his greatest enemies these little brainless creatures, much below the plants in organization. A jackass is a monarch to them. It is as if Nature scoffed at her own work, and sent against her masterpiece the stupidest of creatures; creatures too brainless even to be stupid. They live, they feed, they die, and that is all they do. These animated atomies are so small that it is not unusual to have sixty million of them in a drop of liquid, and even then they are not crowded. Sixty million of them to a drop causes the liquid in which they float to be turbid, but not nearly so opaque as milk, but rather of the milkiness of barley water. Among these small creatures the corkscrew-like microörganism of syphilis is not a giant.

At the end of the fifteenth century a curious and joyous awakening took place in Europe. It is called the rebirth, renaissance. The arts, the sciences, literature, discovery, antiquarian research, all took on new life. It was at that time that Columbus discovered America, and it was at that time that the door to the Dark Ages was closed with a bang. The crew of Columbus brought back with them from America this strange disease, syphilis, and through the wars that were so prevalent in Europe then the infection was abundantly and quickly spread. It raged with unusual severity, as all new infectious diseases do, and the detestation of it is shown by each nation calling it by some other nation's name. The French called it the Neopolitan disease, and the English called it the French disease, and so on.

The microörganism of syphilis is extremely sensitive to its surroundings. When removed from the body to the open air it dies very quickly, and water will kill it in a very few minutes. Another instance of its very sensitive nature is its selectivity in regard to its host. It thrives wonderfully well in man and in the anthropoid apes, but in the lower animals it leads a precarious and short lived existence.

Some years ago Metchnikoff, of the Pasteur Institute in Paris, concluded that syphilis should be readily inoculable into the anthropoid apes, our nearest relatives among the monkeys. Huxley had found that these were the nearest related animals to us from a structural or anatomical point of view, and our distinguished fellow townsman, Dr. George Nuttall, had found that as regards the blood and other juices of the body they were also our nearest relatives. A number of these animals were purchased, and the deductions were justified. The virus "took," and the animals showed symptoms of the generalized disease. And just as in man the inoculation could take place on any locality of the skin or mucous membranes.

And the experiments brought out another peculiarity of the virus, its choice of feeding ground. Like all parasites the microörganism of syphilis has its favorite feeding grounds, one of the most important of which is the layer of the skin and of the lining of the canals of the body, that lies immediately beneath the outer protecting envelope. There is therefore a complete layer of this highly susceptible tissue surrounding the body, and lining all its orifices. The intact outer layers of this envelope, however, whether of the skin or of the mucous membranes, form a perfect protection against the inoculation of syphilis. The virus may be vigorously rubbed into either the skin or the mucous membranes, yet no inoculation will take place, provided there is no wound, but the presence of a very small wound is sufficient to allow the virus "to take." The apposition of mucous surfaces is therefore the ideal way of transmitting the disease. If the eruption of syphilis is in the mouth of one person, and the virus is spread out in the moisture of his lips, and this person kisses another person having a wound of the lips, the danger of transmitting the disease will be very great. Just here we may consider how the customs of a country favor the spread of syphilis. Demetri Merejkowski, in his novel "Peter and Alexis," gives a drunken scene that very probably is true to life in the Russia of that day. Peter the Great, like many a political boss before and since, made use of alcohol as "conversation water." He could stand a good deal of liquor himself, and, besides, he was in a position to force those surrounding him to drink whether they wished it or not. At the loquacious stage he caught many a court and administration secret that otherwise would have escaped him. In the scene mentioned, Peter wished to get a secret from the Hanoverian ambassador, and, while plying him with liquor, petted him and kissed his forehead, the back of his head, and even lifted his lips and kissed his front teeth. Russians are much given to kissing even when sober, and when drunk this mode of salutation is accentuated. Under such circumstances it is no wonder that syphilis spread with astonishing rapidity from Poland to the White Sea, and that in many villages, as statistics have shown, most of the transmissions were not sexual.

The Slav, as evidenced by his kissing, is a deal more demonstrative than the Englishman, who, in his isolation, has drawn a quarantine zone about himself, that is no less strong because of its being imperceptible

to himself. The ordinary Anglo-Saxon country family, either in England or America, does very little kissing. A father kissing a son, a brother a brother, or even a brother a sister is very unusual, especially in the country districts. Kissing between husband and wife is not frequent; and is very rare, indeed, in public. It is not then, as in Russia, a usual mode of salutation. It would be interesting to know what the world owes to the English for these offish manners, that are the subject of so much adverse criticism. The English-speaking people also, with the increase of wealth and commerce, has increased in cleanliness, and cleanliness is another form of personal quarantine.

The promiscuous female is the great distributor of this disease, not because she is immoral, but because her promiscuity brings her in contact with a great number of men, and just in that measure increases her liability to infection, and also her activity in transmitting it. As far as the man's share in the distribution of this disease is concerned, commerce and war are the favoring circumstances, as in both occupations great armies of unmarried men, or men temporarily separated from their wives, travel over vast stretches of country, carrying from place to place this dreadful disease, and continually setting up new centers of infection.

From a natural history standpoint what does all this hovering about the procreative function in man of this particular infection mean. It simply means that Nature here exhibits her usual care in the preservation of the type, together with absolute indifference for the individual. In this instance the care is directed to the preservation of the micro-organism of syphilis. Here we have an organism so selective in its habitat that it is practically limited to getting its food from one species of animals, from man. It thrives wonderfully well on man, and on the anthropoid apes, but is with difficulty transmitted to any other animal, and when so transmitted it has a precarious and short existence. It is therefore practically limited to man, and to secure its existence and due propagation it is hitched to man at the most active stage of his existence, and is ingeniously associated with one of his two strongest desires at this time of life, the sexual desire. And everything is cleverly arranged for the transmission of the disease during the time this passion is in force.

It would therefore appear that intelligent personal cleanliness, carried to the extent of not being promiscuous, is the best preventive of these diseases. Anatole France, however, sagely has remarked that it is necessary to be very wise indeed in order to escape the traps laid by Nature.

THE "COCCUS OF NEISSER" AND GONORRHOEA THE DISEASE
WHICH IT CAUSES.*

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* Abstract of address prepared for the California State Association for the Study and Prevention of Syphilis and Gonorrhœa, Proceedings of 1909-10.

Like other "germ" diseases gonorrhœa has a history of ingenious hypotheses as to its cause previous to 1879, when a German scientist, Neisser, demonstrated the peculiar micrococcus which has since proved to be the cause of the many diseased conditions which are now grouped by medical scientists under the heading gonococcus infections.

This "coccus of Neisser" in appearance resembles the organism which causes epidemic cerebrospinal meningitis, being found within pus cells and occurring in pairs, suggesting when stained a coffee bean. This small bacterial plant may be grown in the laboratory on a jelly-like preparation made of a Chinese sea weed (agar-agar), a specially prepared beef broth and blood serum. Experiments with it show that it possesses some interesting properties when stained with various analine dyes. The most important of these properties is that after being stained it will lose all its color on being immersed in a preparation of iodine followed by alcohol. This is important because many other bacteria that might be confused with the gonococcus retain their stain when tested in this way. The gonococcus is very sensitive to external conditions. It will survive drying or exposure to air only a few hours, but if protected in dried pus it often keeps alive six or seven weeks. At ordinary summer temperature it will live usually only two or three days, but if the weather is very cold it will live longer. No animal has been found thus far in whose body these "germs" will grow, and animals do not have any disease similar to gonorrhœa. It grows best and most rapidly on the mucous membranes of the human body and by choice on the mucous surfaces of the genito-urinary system. But it also grows readily in the tissues of the eyes, the lining of the joints, the lining of the abdominal cavity and in many other tissues of the body. It also may invade the blood stream and attack the valves of the heart or walls of the blood vessels. These and many additional facts have been learned by scientists studying this world of minute living organisms through the microscope and the laboratory. This knowledge is now applied by physicians so that they no longer have to guess at a diagnosis.

The pathologist adds to the testimony of the bacteriologist. The disease of gonorrhœa is a severe purulent catarrh, leading at first to intense congestion of the involved tissue, followed by the production of a profuse yellowish discharge containing the specific (*i. e.* disease causing) microorganisms. After a few weeks the intensity subsides, as a rule, and the process may end, even in the absence of treatment, in healing. This, however, is not often the case, since the infection tends to become chronic, and certain complications may set in, (gonorrhœal) "rheumatism" of the joints occurring very frequently. These complications occur in about 30 per cent of all cases. The gonococci often persist in the genito-urinary secretions for years after the disease has apparently completely left the patient.

These are fragmentary facts of science simply stated, but if one applies them by the same course of reasoning he would apply to any other problem of plant culture he will appreciate the measures which should be adopted to eliminate this disease. We have here a microscopic plant which produces varied but definite conditions of ill health in the human body. It contrives to remain alive and to multiply for years in the bodies of many of its victims, and during those years has opportunity to escape in large numbers. Light, sunshine, air easily kill it, therefore it must contrive to promptly transfer itself to the tissues of another human being, because it can not live in animals. It grows best in the genito-urinary mucous membranes. Is it not clear how the biological necessities for life have driven this little plant to utilize the prostitute as its most successful means of dissemination? The principle

is the same that has resulted in the malarial parasite utilizing the *Anopheles* mosquito in its transmission from one victim to others.

The fact that the gonococcus may successfully invade the body through the tissues of the eyes and mouth and other portions of the body suggests many ways in which epidemics of gonorrhœa might occur. This is borne out by actual outbreaks. In Osler's *Modern Medicine* Dr. Cole cites 19 epidemics with 660 cases among children in various hospital institutions. Dr. Emmet Holt, recognized throughout the world as an authority on children, has stated that "during eleven years in the Babies' Hospital, New York, 273 cases occurred, of which 172 were undoubtedly acquired in the hospital." "The usual mode of spread in these young children is through the medium of napkins, by the use of baths, or by the use of infected thermometers, syringes, and possibly tongue depressors." "The disease is undoubtedly carried from child to child by nurses who care for the infected as well as for the uninfected children."

Physicians know these things. They are only waiting for public sentiment to endorse a policy of reporting these diseases and adopting measures of inspection and sanitary regulation intelligently planned to meet the scientific requirements for control of these diseases. Education alone will bring this to pass. The key to the present situation is expressed in one of the resolutions of the second International Congress on Syphilis, meeting in Berlin. *The public must be taught that instead of being ashamed of these diseases and not fearing them, it must not be ashamed of but fear them.*

THE BIOLOGY OF THESE DISEASES THE ESSENTIAL BASIS FOR MUNICIPAL ADMINISTRATIVE CONTROL MEASURES.

JAMES H. PARKINSON, M.D., President Medical Society of the State of California, President Sacramento Board of Health, Member California State Board of Health.

The world deals with facts. The facts to be considered in planning practical warfare against syphilis and gonorrhœa are—

1. These diseases are "germ" diseases with definitely known methods of transmission from one person to another.

2. They are largely associated with prostitution because unsupervised prostitutes offer them the most frequent chance to transfer themselves to new victims.

3. They are wide spread because practical men and women are ignorant concerning them, or have not studied the problem of their eradication, while theorists and well-meaning reformers advocating the eradication of immorality as the method of attacking them, have not yet touched the "germs."

4. Experience has shown that the recurrence of gonorrhœa in children's hospitals can only be prevented by the exclusion of infected children through a systematic microscopic examination of secretions of all patients applying for admission, and by the rigid isolation of all children in whom infection develops. Similar methods have not been applied to cities.

5. Experience also has shown that while there are many methods whereby this disease has spread, the great majority of cases are the direct or indirect result of sexual intercourse.

6. Similar facts are true of syphilis.

7. Science has almost completed the practical experiments with a gonococcic vaccine which seems destined to enable the physician to test an individual for latent or dormant gonorrhœa, as well as to treat successfully acute and chronic cases.

Many years ago health officers quarantined the typhoid fever patient; to-day we isolate the patient and quarantine the probable places concealing the "germ" until we can locate it and kill it. When we find a milkman watering his milk, we do not avoid all discussion of the danger to ourselves in drinking that milk until we have corrected the morals of the milkman. We advise him to improve his standards of morals and honesty; but we protect ourselves by making certain that the water to which he could have access is free from all disease infection.

If our gardener or our cook is given to endangering his health, and so indirectly that of ourselves and our children, through immoral relations with women, the logical procedure would be to make certain that, while we were improving his morals, the women with whom he might associate were not the victims of any disease.

Many cities have believed this and have tried by examination and license of prostitutes to render the moral laxity of their citizens free from disease penalties to themselves and the innocent. The plan has in large measure failed, but not because it was wrong in principle. It failed because it was not thorough, and because with it there was no attempt to educate the entire public and to report all infected cases to a health department with every facility for tracing the infection.

Certain cities have attempted segregation of prostitutes in compounds with municipal officers at the entrance gates. This would seem to make it possible to prevent the infection of boys under twenty-one years of age, but it is argued that it only promotes clandestine prostitution and spreads the evil over the entire city. Other cities have tried to legislate the prostitute out of existence, but have been able to provide no machinery for enforcing their ordinances effectively.

The city of Detroit has adopted a wise and scientific measure in placing syphilis and gonorrhœa on the list of notifiable diseases. These reports are made by number (not name), accompanied by the physician's statement of the facts about the source of infection. The city thus provides its health department with the information required to investigate outbreaks of these diseases, just as all other communicable diseases are investigated. This measure alone is not sufficient to control these diseases, but without it no other measures can succeed.

Much may be said against the official recognition of prostitution which municipal inspection implies, but it has this advantage that it is a scientific measure based upon the biology of the diseases it seeks to combat. There may be other and better ways to control this phase of the spread of these diseases, but all methods suggested should be tried out against the biological facts above mentioned.

It is a condition we face, not a theory. Unless our regulations cover every avenue by which the parasites of syphilis and gonorrhœa may escape from those persons harboring the diseases to attack others who are not immune, we may not hope for success.

THE CALL OF THE NATION.

WILLIAM F. SNOW, M.D., Associate Professor of Hygiene, Leland Stanford Junior University, President of the California Public Health Association, Member Executive Committee, California State Association for Study and Prevention of Syphilis and Gonorrhœa.

The report on National Vitality prepared for the Federal Conservation Commission concludes the sections on syphilis and gonorrhœa with these words: "Thanks to the efforts of a few farsighted men like Dr. Prince A. Morrow, Professor C. R. Henderson, and Mr. Edward Bok, these subjects are being given some of the publicity they deserve. Reticence on these subjects is justified only so far as it makes for youthful innocence. But ignorance is not innocence; on the contrary, it is the surest road to guilt." Popular education along right lines is the great need of the hour in the health conservation movement. In no division of the movement is this need so imperative as in the battle against "venereal" diseases.

Men of unquestioned integrity, scientific standing, and wide experience estimate that syphilis successfully attacks from 10 to 15 per cent of the men of American cities and of nations contributing largely to our immigration population; that similarly from 70 to 80 per cent of men at some time have been attacked by gonorrhœa; that as a sequence possibly 10 per cent of men who marry infect their wives with venereal disease; that more than 50 per cent of abdominal operations on women are due to gonorrhœa; that some 50 per cent of sterile marriages are due to syphilis and gonorrhœa; that 25 per cent of all blindness is due to infection of the eyes by the gonococcus. Dr. Morrow is quoted in the report above referred to as stating that the number of syphilitics in the United States has been estimated at 2,000,000. The same report gives an estimate of only 500,000 persons constantly suffering from tuberculosis.

Statistics of the army show that in our Philippine troops in 1904 22 out of each 1,000 soldiers were constantly ineffective from venereal diseases, and that in the American navy 25.2 per cent of the days of hospital service in the same year were devoted to these diseases. After quoting such known records for military men the conservation report makes this significant statement: "No statistics exist for venereal diseases in civil life. It may be more prevalent than in the army and navy service, since the influence of military restraint and discipline do not exist and opportunities for licentious relations are more abundant."

These figures are overwhelming in the vistas of widespread disease, suffering, and concealed immorality which they present. It must be remembered that these figures are *estimates*. But it must also be remembered that they are estimates by men of reputation, not given to exaggeration or to sensational methods of attracting public attention.

If these things be true there is urgent need for a nation-wide campaign of education, and the development of effective legislation to meet the situation. There are now some fourteen societies organized in various parts of the United States to fight these diseases. The first duty of each of these societies is to answer fairly and by local statistics the initial questions of business men and mothers, "How do you make these estimates? What right have you to say they apply to this community?" These questions may only be answered after difficult and persevering efforts to collect statistics in each community. Having obtained trust-

worthy information on the prevalence of syphilis and gonorrhœa in its community each society must consider well its policy for educating the public and its line of attack on the diseases themselves.

The youth of the country have been taught for generations, through the advertising columns of the best newspapers, and through other agencies, that these diseases are easily avoided; or, if contracted, early and inexpensive treatment at home or by mail may be depended upon to cure them. These new societies should not expect to controvert such false teachings, which are cleverly worded and systematically distributed, simply by meeting in formal session and declaring them to be false.

President Prince A. Morrow of the American Society for Sanitary and Moral Prophylaxis has issued a call for a conference of delegates from all associations organized to combat venereal diseases to meet in St. Louis June 6, 1910. The desirability of this conference is obvious. It should result in a national association with well organized divisions in each of the several states, and with close affiliations with each of the other national health organizations that are already fully established.

The American people must not rest under the charge that they remain indifferent to the presence among them of four times as many syphilitics as there are consumptives, and that three out of every four American boys are sowing "wild oats" and reaping the gonococcus harvest. Either these statements are not true and should be branded false beyond a shadow of doubt, or the conditions which have made such truths possible should be sought out and eradicated. That "ignorance is a sure road to guilt" or imagined "guilt" is evidenced by the annual investment of millions of dollars in advertisements by free consultation "philanthropists" who trade on the real and imaginary results of "wild oat" traffic. It is a matter of simple computation to estimate the minimum volume of business which must be based on this enormous advertising outlay, and the probable number of "patients" contributing the capital.

The call of the nation is for facts. The testimony of physicians, clinics, the advertisements of "fakers," the rescue homes, is not enough. We may be staggered by the results of piecing such testimony together, and we may dread further inquiry; *but we must know.* We must work for the *reporting of syphilis and gonorrhœa* as we now require tuberculosis reported. This can be done without disclosing any patient's identity.

In the meantime the young men, and the young women as well, must be wisely taught that the lure of the red light and the promise of the red press are but decoys of the "Red Plague."

COMMENTS.

The Newspaper and the Topic.—One frequently sees among the advertisements posted in street cars and local railway coaches this sign:

"The John Doe Advertising Company controls all the advertising space in this car. Every article advertised here has been personally investigated by us and has our endorsement of the claims of the manufacturer."

It would be interesting to see what advertisements in our California newspapers would be permitted to remain if the public demanded a similar endorsement by the editors. But the public does not demand

it; and until the demand is made the newspapers will continue to run parallel columns of truth and falsehood—the truth in the news column as a matter of reputation and professional pride in accurate statements, the falsehood in the advertising column as a matter of business which yields large returns.

In no class of advertisements are the falsehoods so glaring and so injurious alike to public morals and public health as in those relating to syphilis and gonorrhœa. Newspapers which will not permit the publication of these words in their news columns under any consideration, unhesitatingly place cleverly written “newsy” advertisements of unprincipled medical “firms” in the columns to the left or the right of this same carefully guarded news column. A study of these advertisements will convince any one that they contain every synonym of these names of diseases, and every term descriptive of supposed conditions due to them, and even the names themselves!

Many persons say this is evidence that the paper is not sincere in its policy, but such persons do not know the newspaper business. In any event, it is reasonable that the newspapers should wait for the people to make the first move. It is, of course, very greatly to the credit of a few California newspapers that their managements do now exercise some restriction in this matter. It is also greatly to the credit of several papers, that their editors have already begun to shape public sentiment by well worded editorials.

When the representative citizens of California have expressed their willingness to learn the facts about the Red Plague the newspapers will not be found wanting in the publication of these facts.

Society and its Proscribed Subjects.—Twenty-five years ago the tuberculosis movement stood without the pale of “polite” society, as syphilis and gonorrhœa stand to-day. Men, even physicians, said, “You can’t tell these things to women and children. And besides, it is impossible to control a disease like consumption. You will only make people morbid and unhappy. Go ahead and do what you can, but don’t talk to the people about it.” This conservative policy prevailed but no headway was made until they did talk to the people. Ignorance is the great ally of these foes which have the power of being invisible as they advance to attack us. When society accepted tuberculosis as a fit subject for conversation and for social service, the sick-rate began to fall.

It will be the same with the diseases discussed in this number of the bulletin. It may be years before society will accept the red plague and discuss its demands on social service as sanely and with as good judgment as they now discuss the white plague, but this time will come.

The Common Sense View.—We know these diseases exist; we know they are preventible; we know they do us as a nation great injury; the sensible thing to do is to fight them. The first essential in all preventive medicine work is to know the foci of the disease we are to fight. Examination of prostitutes is a valuable means of locating foci of infection in syphilis and gonorrhœa. Examination of the men visiting prostitutes is equally important. The reporting of all other foci discovered by physicians in their practices is just as important. Having found all

the cases of the disease it becomes necessary for physicians, patients, and health officers to coöperate honestly in preventing any "germs" of these diseases escaping. All this may sound impracticable. One may say, "You might as well give up now, if you expect to do all these things." However, it must be obvious to such an one that anything short of this is only a half-measure, and must result in only limited success.

Another will object that this does not take into account the moral issues involved, that nothing is said about removing the temptations of vice and building better moral standards, preserving the sacredness of love and promoting conceptions of success in life which will lead to modest careers and early marriage. This objection is valid in considering the rising generation. Our churches and our schools have a great opportunity and a great duty in this field of preventive medicine. The State Board of Health would not be misunderstood in this matter. It endorses every sound movement for improving moral standards as an important aid in combating these diseases. But the moral issue should not be permitted to cloud the biological side of the movement. Rather the supporters of the moral phase of the campaign should be the strongest advocates of thorough measures of suppression through all possible means. Making syphilis and gonorrhœa notifiable; establishing coöperation between police and health boards in inspection of prostitutes, not for the purpose of licensing them, but for quarantining those found infected; the establishment of hospitals for the special treatment of quarantined cases; the maintenance of advisory clinics where any person suspecting that he or she has one of the diseases in question, may apply for trustworthy private diagnosis and advice; demanding that the family physician do his duty in accepting these cases for treatment and fully explaining the seriousness of the disease to his patients; aiding every effort to educate young men and women in these matters and to train them into a moral stability which is the greatest personal measure of safety one may have—these are the things we should think over if we are to arrive at a broad and sensible view-point.

DEPARTMENT OF VITAL STATISTICS.

GEORGE D. LESLIE, STATISTICIAN.

VITAL STATISTICS FOR MARCH.

Marriages.—The marriages reported for March number 1,586, as compared with 1,483 for the same month last year. For an estimated State population of 2,056,190 in 1910, the March total represents an annual rate of 9.1, against 10.7 for February.

The March totals were highest for the following counties: Los Angeles, 339; San Francisco, 277; Alameda, 144; Marin, 73; Sacramento, 68; Orange, 67; Santa Clara, 63; and Fresno, 60.

The aggregate for San Francisco and the other bay counties (Alameda, Contra Costa, Marin, and San Mateo) was 521.

Births.—For March there were reported 2,636 living births, representing an annual birth-rate of 15.1 per 1,000 population, as compared with 15.6 for the preceding month. The corresponding total for the same month the year before was 2,463.

The totals were highest for the following counties: Los Angeles, 591; San Francisco, 577; Alameda, 299; Santa Clara, 121; Sacramento, 101; Fresno, 91; San Diego, 58; and San Bernardino, 54.

Altogether, 1,709 births were registered in the twenty-six freeholders' charter cities, the leading cities being as follows: San Francisco, 577; Los Angeles, 414; Oakland, 209; Sacramento, 68; San Jose, 45; San Diego, 44; Fresno, 43; Alameda, 38; Berkeley, 34; and Pasadena, 31.

The aggregate for San Francisco and the transbay cities (Alameda, Berkeley, and Oakland) was 858, and for San Francisco and the other bay counties was 948. Similarly, the total for Los Angeles and neighboring chartered cities (Long Beach, Pasadena, and Santa Monica) was 474, and for the entire county was 591.

Deaths.—Exclusive of stillbirths, altogether 2,734 deaths were reported for March, this number including 145 delayed certificates for deaths in January and February. The 2,734 deaths give an annual death-rate of 15.7, against 16.5 for the month before. The corresponding total for the same month last year was 2,797.

The March death totals were highest for the following counties: Los Angeles, 609; San Francisco, 583; Alameda, 288; Sacramento, 106; Santa Clara, 102; San Joaquin, 84; San Diego, 82; San Bernardino, 72; and Fresno, 64.

There were altogether 1,722 deaths in the twenty-six chartered cities, the highest totals being as follows: San Francisco, 583; Los Angeles, 402; Oakland, 192; Sacramento and San Diego, each 61; Pasadena and Stockton, each 48; San Jose, 38; Berkeley, 32; and Riverside, 25.

The aggregate for the urban district (San Francisco and the transbay cities) was 829, and for the entire metropolitan area (San Francisco and the other bay counties) was 935. Similarly, the total for Los Angeles and neighboring chartered cities was 486, and for the whole county was 609.

Causes of Death.—For March there were reported 467 deaths, or 17.1 per cent of all, from various forms of tuberculosis, and 427, or 15.6 per cent, from diseases of the circulatory system, tuberculosis thus leading heart disease.

Other notable causes of death in March were as follows: Diseases of the respiratory system, 301; violence, 246; diseases of the nervous system, 257; diseases of the digestive system, 202; Bright's disease and nephritis, 188; cancer, 170; and epidemic diseases, 160.

The deaths from epidemic diseases were as follows: Measles, 50; whooping-cough, 37; typhoid fever, 28; diphtheria and croup, 12; and all other epidemic diseases, 33. Typhoid fever, usually the leading epidemic disease, was surpassed by both measles and whooping-cough for March as for February.

The deaths from the three leading epidemic diseases reported for March were distributed by counties as follows:

MEASLES.		WHOOPIING-COUGH.		TYPHOID FEVER.	
Alameda	1	Alameda	4	Alameda	3
El Dorado	1	Butte	1	Butte	2
Kern	1	Contra Costa	2	Contra Costa	1
Los Angeles	25	Humboldt	4	Fresno	1
Orange	1	Los Angeles	5	Glenn	1
Sacramento	2	Mendocino	1	Los Angeles	3
San Bernardino	2	Monterey	2	Merced	1
San Diego	3	Orange	1	Napa	1
San Francisco	10	San Francisco	5	Sacramento	3
San Joaquin	2	Santa Barbara	2	San Benito	1
Ventura	2	Santa Clara	6	San Bernardino	2
	—	Santa Cruz	1	San Francisco	6
Total	50	Solano	1	Santa Clara	1
		Sutter	1	Santa Cruz	1
		Tehama	1	Siskiyou	1
		Total	37	Total	28

Further particulars appear in the following table:

Deaths from Certain Principal Causes, with Proportion per 1,000 Total Deaths for Current and Preceding Month, for California: March.

Cause of Death.	Deaths: March.	Proportion per 1,000.	
		March.	February.
ALL CAUSES	2,734	1,000.0	1,000.0
Typhoid fever	28	10.2	6.5
Malarial fever	2	0.7	2.3
Measles	50	18.3	10.8
Scarlet fever	4	1.5	2.3
Whooping-cough	37	13.5	7.3
Diphtheria and croup	12	4.4	5.0
Influenza	9	3.3	5.0
Other epidemic diseases	18	6.6	6.1
Tuberculosis of lungs	392	143.4	145.1
Tuberculosis of other organs	75	27.4	23.4
Cancer	170	62.2	51.1
Other general diseases	92	33.7	42.2
Meningitis	37	13.5	11.9
Other diseases of nervous system	220	80.5	78.7
Diseases of circulatory system	427	156.2	167.7
Pneumonia and broncho-pneumonia	213	77.9	89.1
Other diseases of respiratory system	88	32.2	26.5
Diarrhea and enteritis, under 2 years	57	20.9	14.6
Diarrhea and enteritis, 2 years and over	14	5.1	5.0
Other diseases of digestive system	131	47.9	53.0
Bright's disease and nephritis	188	68.8	63.0
Childbirth	20	7.3	11.1
Diseases of early infancy	73	26.7	28.0
Suicide	72	26.3	20.7
Other violence	174	63.6	71.8
All other causes	131	47.9	51.8

Geographic Divisions.—Data for geographic divisions, including the metropolitan area, or “Greater San Francisco,” are as follows:

Deaths from Main Classes of Diseases, for Geographic Divisions: March.

Geographic Division.	DEATHS: MARCH.										
	All Causes	Epidemic Diseases	Tuberculosis (All Forms)	Cancer	Diseases of Nervous System	Diseases of Circulatory System	Diseases of Respiratory System	Diseases of Digestive System	Bright's Disease and Nephritis	Violence	All Other Causes
THE STATE	2,734	160	467	170	257	427	301	202	188	246	316
Northern California	284	20	37	15	39	44	27	30	9	30	33
Coast counties	145	11	17	12	26	20	11	14	5	10	19
Interior counties	139	9	20	3	13	24	16	16	4	20	14
Central California	1,561	75	239	96	144	253	193	113	115	149	184
San Francisco	583	26	96	45	31	106	83	41	40	48	67
Other bay counties	352	14	48	20	39	56	42	26	25	34	48
Coast counties	186	13	27	11	27	27	25	11	14	13	18
Interior counties	440	22	68	20	47	64	43	35	36	54	51
Southern California	889	65	191	59	74	130	81	59	64	67	99
Los Angeles	609	47	121	47	40	90	55	34	47	54	74
Other counties	280	18	70	12	34	40	26	25	17	13	25
Northern and Central California	1,845	95	276	111	183	297	220	143	124	179	217
Metropolitan area	935	40	144	65	70	162	125	67	65	82	115
Rural counties	910	55	132	46	113	135	95	76	59	97	102

DEPARTMENT OF BACTERIOLOGY.

DR. A. R. WARD, DIRECTOR.

EXAMINATIONS MADE DURING MARCH, 1910.

	Ex.-Pos.	Ex-Neg.	Total.
Diphtheria	6	52	58
Malaria	0	1	1
Tuberculosis	10	19	29
Typhoid	4	10	14
Water	1	0	1
Miscellaneous	11	0	2
Rabies	2	4	6
Total			111

DEPARTMENT OF PURE FOODS AND DRUGS.

PROFESSOR M. E. JAFFA, DIRECTOR.

The following Food Inspection Decision has been received since the issuance of last month's Bulletin. It is of interest to manufacturers along different lines in California.

FOOD INSPECTION DECISION NO. 115.

ON THE USE OF GEOGRAPHIC NAMES.

Regulation 19 of Circular 21, under captions (b) and (c) contains the following:

(b) The use of a geographical name shall not be permitted in connection with a food or drug product not manufactured or produced in that place, when such name indicates that the article was manufactured or produced in that place.

(c) The use of a geographical name in connection with a food or drug product will not be deemed a misbranding when by reason of long usage it has come to represent a generic term and is used to indicate a style, type, or brand; but in all such cases the State or Territory where any such article is manufactured or produced shall be stated upon the principal label.

There are many cases which have been considered by the Board of Food and Drug Inspection in which it has been necessary to decide whether or not, in its opinion, certain geographical names have been sufficiently generic to indicate a style, type, or brand, and in consequence might be used without offending any of the provisions of the food and drugs act. Among the geographical names which have been under consideration are "Rocky Ford" as applied to cantaloupes, and "Indian River" as applied to oranges.

The Rocky Ford melon is not a new variety of melon, but is one of the older varieties of melons which in the environment of Rocky Ford, Colo., has attained particular excellence.

The same remark applies to the Indian River oranges of Florida. They are not a new variety, but various varieties which in the environment of the Indian River have attained unusual excellence.

The board holds that the terms "Rocky Ford" and "Indian River" have not become sufficiently generic to indicate styles, types, or brands of melons and oranges, respectively, but that these geographical names are only properly applied to the product of the restricted area for the melons which are grown in or near Rocky Ford, and for the product grown in or near the Indian River. Inasmuch as the term "Rocky Ford" has thus become associated with a melon of peculiar excellence of a certain geographical locality, the board holds that it is unlawful to sell in interstate commerce melons not grown in the Rocky Ford district as "Rocky Ford Seed" melons. The terms are nearly alike, the intent is to deceive, and the law provides that a label should not be false or deceptive in any particular.

The following are the Notices of Judgments which have been received at the Laboratory since the last list was published in the Monthly Bulletin. As stated in the last number, there are so many notices received, that it is impossible to reprint them other than by titles. Those wishing to obtain copies of any of the notices listed herein, can do so upon application to the Director of the State Laboratory, Berkeley, Calif.

Notice of Judgment Nos. 200, 207, 232, 240, 243.—Adulteration and Misbranding of Vinegar.

Notice of Judgment Nos. 206, 214, 219, 228, 229.—Adulteration of Milk. (Butter fat abstracted.)

Notice of Judgment No. 208.—Misbranding of a Drug, "O. K. Headache Cure."

Notice of Judgment Nos. 209, 235.—Misbranding of a Syrup, "Cafe-Coca Compound."

Notice of Judgment No. 210.—Adulteration and Misbranding of Pepper. (Added foreign materials.)

Notice of Judgment No. 211.—Adulteration and Misbranding of Milk Flour. (False statements regarding butter fat.)

Notice of Judgment Nos. 212, 222.—Misbranding of Preserves. (Underweight.)

Notice of Judgment No. 213.—Adulteration of Ice Cream. (Added mixture, starch and gelatin.)

The following is a list of the persons accused, the foods found to be adulterated or mislabeled and the nature of the offenses, which were included in the report of the Director of the State Laboratory to this Board on March 14, 1910. These persons were afforded an opportunity to be heard before this board, as provided in said act, on April 2, 1910, and after such hearing, the finding of the Director being sustained, these cases were referred to the district attorneys of the several counties for prosecution:

Certificate No.	Material.	Violation.	Name of Dealer.	Locality.
850	Vinegar, cider	Mislabeled. Below standard.	W. H. Poston & Co.	Pomona
851	Vinegar, apple	Mislabeled. Below standard	Geo. Wyllie	Los Angeles
854	(Meat food product.) Pork sausage	Adulterated meat food product	F. G. Chase's Market	Los Angeles
855	Pork sausage	Adulterated. Corn cereal and meat food product.	E. Gerlemann, Jr.	Los Angeles
856	Pork sausage	Adulterated. Meat food product	G. W. Porter	Los Angeles
857	Butter, creamery	Mislabeled. Below standard	F. Schneider	Los Angeles
858	Vinegar	Mislabeled. Below standard	National Vinegar and Pickle Co.	Los Angeles
861	Cider	Adulterated. Substitution of artificial products	W. H. Anderson	Grass Valley
862	Vinegar	Mislabeled. Below standard	Great American Tea Co.	Grass Valley
863	Cream	Adulterated. Below standard milk fat	Skylight Restaurant	Berkeley
866	Sugar, maple	Adulterated. Addition of sugars	M. J. O'Looney	San Francisco
867	Olives	Mislabeled. Name of manufacturer	J. J. Kenneally	San Francisco
868	Olives	Mislabeled. Name of manufacturer	Wm. N. Sohl	San Francisco
869	Olives	Mislabeled. Name of manufacturer	Harry Frerichs	San Francisco
870	Sweet pickles	Mislabeled. Saccharin	Wm. N. Sohl	San Francisco
873	Hamburger	Mislabeled. Sulphur dioxide	Brush & Son	Cloverdale
874	Catsup	Mislabeled. Benzoates	Peabody & Co.	Newport Beach
730	Eggs	Cold storage (mislabeled)	Loeb, Fleishman Co.	Los Angeles
741	Eggs	Cold storage (mislabeled)	Burritt & Burritt	Los Angeles
742	Eggs	Cold storage (mislabeled)	Cota & Vandiviere	Santa Monica
743	Eggs	Cold storage (mislabeled)	L. E. Young	Ocean Park
745	Eggs	Cold storage (mislabeled)	Wm. Jagow	Los Angeles
822	Chili sauce	Mislabeled. Benzoates	C. Panusos	San Francisco
837	Eastern eggs	Cold storage (mislabeled)	W. E. Smith	Los Angeles
838	Eggs	Cold storage (mislabeled)	Jersey Butter Co.	Los Angeles
839	Eggs	Cold storage (mislabeled)	D. Kibre	Los Angeles
840	Eggs, fresh	Cold storage (mislabeled)	M. Movitz	Los Angeles
842	Strawb'ry syrup	Mislabeled. Artificial color	S. Oka	Los Angeles
843	Raspb'ry syrup	Mislabeled. Coal-tar color	Bungay & Shaw (Arcade Buffet)	Venice

List of Persons Accused and Nature of the Offenses—Continued.

Certif- cate No.	Material.	Violation.	Name of Dealer.	Locality.
844	Butter -----	Mislabeled. Below standard -----	Arthur Cohn -----	Los Angeles
845	Butter, Deer Creek -----	Mislabeled. Name of manufacturer -----	Michener & Hughes -----	Pasadena
846	Syrup, maple -----	Adulterated. Below standard. Solid and ash -----	Cline Bros. -----	Fullerton
847	Syrup, maple -----	Adulterated. Below standard. Solid and ash -----	J. Valdez -----	Los Angeles
848	Syrup, maple -----	Adulterated. Below standard. Solid and ash -----	A. M. Ornelas -----	Los Angeles
849	Sugar, maple -----	Adulterated. Substitution of other sugars -----	M. F. Heller -----	San Diego
875	Tomato catsup -----	Mislabeled. Benzoates -----	S. Nakamoto -----	Los Angeles
876	Sweet pickles -----	Mislabeled. Benzoates -----	Pac. Grocery and Sup. Co. -----	Los Angeles
877	Pickles -----	Mislabeled. Benzoates -----	Palm Place Grocery -----	Los Angeles
881	Milk -----	Adulterated and mislabeled. Below standard -----	J. Roth -----	Oakland
882	Milk -----	Adulterated and mislabeled. Below standard -----	J. Roth -----	Oakland
883	Milk -----	Adulterated and mislabeled. Below standard -----	W. Z. Waren -----	Oakland
884	Milk -----	Adulterated and mislabeled. Below standard -----	Vezilich & Nadram -----	Oakland
885	Milk -----	Adulterated and mislabeled. Below standard -----	W. Z. Waren -----	Oakland
886	Milk -----	Adulterated and mislabeled. Below standard -----	Snyder & Humphrey -----	Oakland
887	Milk -----	Adulterated and mislabeled. Below standard -----	Snyder & Humphrey -----	Oakland
888	Milk -----	Adulterated and mislabeled. Below standard -----	Milan & Dan -----	Oakland
889	Milk -----	Adulterated and mislabeled. Below standard -----	Milan & Dan -----	Oakland
890	Milk -----	Adulterated and mislabeled. Below standard -----	S. Fukomoto -----	Oakland
891	Milk -----	Adulterated and mislabeled. Below standard -----	S. Fukomoto -----	Oakland
892	Milk -----	Adulterated and mislabeled. Below standard -----	Mrs. B. W. Yale -----	Oakland

DEPARTMENT OF EPIDEMIOLOGY.

WILLIAM F. SNOW.

This department is omitted this month owing to incompleteness of tabulated report.

LIST OF COUNTY HEALTH OFFICERS.

<i>County.</i>	<i>Health Officer.</i>	<i>Address.</i>
Alameda	Dr. C. L. McKown.....	Niles
Alpine		
Amador	Dr. E. E. Endicott.....	Jackson
Butte	Dr. L. Q. Thompson.....	Oroville
Calaveras	Dr. E. W. Weirich.....	Angels Camp
Colusa	Dr. W. T. Rathbun.....	Colusa
Contra Costa	Dr. J. Wallace DeWitt.....	Antioch
Del Norte		
El Dorado	Dr. S. H. Rantz.....	Placerville
Fresno	Dr. G. L. Long.....	Fresno
Glenn	Dr. J. A. Randolph.....	Willows
Humboldt	Dr. J. H. Mallery.....	Eureka
Imperial	Dr. E. E. Patten.....	Imperial
Inyo	Dr. I. J. Woodin.....	Independence
Kern	Dr. W. S. Fowler.....	Bakersfield
Kings	Dr. W. H. Miller.....	Hanford
Lake	Dr. W. E. Upton.....	Kelseyville
Lassen	Dr. E. C. Houston.....	Bieber
Los Angeles	Dr. O. R. Stafford.....	3754 Vermont ave., Los Angeles
Madera	Dr. Mary R. Butin.....	Madera
Marin	Dr. J. H. Kuser.....	Novato
Mariposa	Dr. H. Kylberg.....	Mariposa
Mendocino	Dr. John S. Hogshead.....	Ukiah
Merced	Dr. W. E. Lilley.....	Merced
Modoc	Dr John Stile.....	Alturas
Mono		
Monterey	Dr. Garth Parker.....	Salinas
Napa	Dr. Adolph J. Kahn (County Physician).....	Napa
Nevada	Dr. John T. Jones.....	Grass Valley
Orange	Dr. C. D. Ball.....	Santa Ana
Placer	Dr. G. H. Fay.....	Auburn
Plumas	Dr. G. B. Lasswell.....	Quincy
Riverside	Dr. Geo. E. Tucker.....	Riverside
Sacramento	Dr. Hugh Beattie.....	Elk Grove
San Benito	Dr. R. G. Curtis.....	Hollister
San Bernardino	Dr. D. C. Strong.....	San Bernardino
San Diego		
San Francisco	Dr. W. F. McNutt, Jr.....	San Francisco
San Joaquin	Dr. R. B. Knight.....	Stockton
San Luis Obispo.....	Dr. H. M. Cox.....	San Luis Obispo
San Mateo	Dr. W. G. Beattie.....	Colma
Santa Barbara	Dr. J. C. Bainbridge.....	Santa Barbara
Santa Clara	Dr. Wm. Simpson.....	San Jose
Santa Cruz		
Shasta	Dr. F. Stabel.....	Redding
Sierra	Dr. R. B. Davy.....	Downieville
Siskiyou	Dr. F. J. McNulty (County Physician).....	Yreka
Solano	Dr. S. G. Bransford.....	Suisun
Sonoma	Dr. S. S. Bogle.....	Santa Rosa
Stanislaus	Dr. F. R. De Lappe.....	Modesto
Sutter	Dr. J. McFadyen.....	Yuba City
Tehama	Dr. A. P. Tarter.....	Tehama
Trinity	Dr. D. B. Fields.....	Weaverville
Tulare	Dr. F. A. Coombs.....	Visalia
Tuolumne	Dr. C. E. Congdon.....	Jamestown
Ventura	Dr. A. A. Maulhardt.....	Oxnard
Yolo	Dr. A. E. Blevins.....	Woodland
Yuba	Dr. J. H. Barr.....	Marysville

CALIFORNIA STATE BOARD OF HEALTH.

PARTIAL LIST OF PUBLIC HEALTH ORGANIZATIONS OF CALIFORNIA.

1. General.

California Public Health Association.

Public Health Commission of State Medical Society.

2. For the Prevention of Tuberculosis.

California Association for the Study and Prevention of Tuberculosis.

Affiliated societies: Alameda County ..; Long Beach ..; Los Angeles ..; Monrovia (Visiting Nurses' Association); Pasadena ..; Redlands ..; Sacramento (White Crusaders); San Diego ..; San Francisco ..; Santa Ana ..; Santa Barbara ..; Sierra Madre ...

3. For the Prevention of Syphilis and Gonorrhea.

California Association for the Study and Prevention of Syphilis and Gonorrhea (R. A. Archibald, M.D., Secretary, Health Office, Oakland, Cal.).

4. Other Organizations carrying on Important Public Health Work.

1. California Federation of Women's Clubs.

2. California Teachers' Association (L. E. Armstrong, Secretary, Oakland, Cal.).

3. California Press Association (F. W. Richardson, President, Berkeley, Cal.).

4. Board of Charities and Corrections (W. S. Gates, Secretary, San Francisco).

5. California Playground Association (F. W. D'Evelyn, M.D., Secretary, 1214 Polk street, San Francisco).

6. Red Cross Society and Divisions.

7. White Crusaders. (W. A. Briggs, M.D., President, Sacramento, Cal.).

8. Volunteers of America.

9. Salvation Army.

10. Juvenile Courts.

This list is only partially completed and will be repeated, with additions, next month. Any letters or questions sent to the Board will be answered or referred to the above mentioned organizations.

PARTIAL LIST OF CITY HEALTH OFFICERS.

Alameda.....Dr. L. W. Stidham
Alhambra.....Dr. F. E. Corey
Alturas.....Dr. John Stile
Anaheim.....Dr. J. L. Beebe
Antioch.....E. C. Worrell
Azusa.....Dr. S. A. Ellis
Berkeley.....Dr. J. J. Benton
Biggs.....Dr. B. Caldwell
Black Diamond.....Dr. F. S. Gregory
Bakersfield.....J. E. Yancey
Chico.....G. H. Taylor
Colusa.....Dr. W. T. Rathbun
Coronado.....Dr. Raffaele Lorini
Dixon.....W. C. Rhem
East San Jose.....Dr. W. A. Low
Elsinore.....Dr. S. E. Ball
Escondido.....Dr. David Crise
Etna.....Dr. W. H. Haines
Eureka.....Dr. W. L. Perrott
Fairfield.....Dr. S. G. Bransford
Ferndale.....Dr. L. Michael
Fort Jones.....Thos. Bransom
Fresno.....Dr. Geo. H. Aiken
Gilroy.....Dr. Jonas Clark
Glendale.....R. E. Chase
Grass Valley.....Dr. J. T. Jones
Hayward.....Dr. F. W. Browning
Healdsburg.....Dr. O. C. Hueb
Hermosa Beach.....H. Vetter
Hollywood.....E. O. Palmer
Huntington Park.....Dr. W. Thompson
Lakeport.....Dr. H. P. Stippe
Livermore.....Dr. H. G. McGill
Lodi.....Dr. F. W. Colman
Long Beach.....Dr. W. H. Newman
Los Angeles.....Dr. L. M. Powers
Los Gatos.....Dr. Elenor S. Yelland
Madera.....Dr. Mary R. Butin
Martinez.....Dr. E. E. Brown
Merced.....Dr. C. H. Castle
Mill Valley.....Capt. M. Staples
Modesto.....Dr. F. R. De Lappe

Monterey.....Martin Birks
Morgan Hill.....Dr. D. W. Watt
Mountain View.....Dr. Philo Hull
Napa.....J. D. Treadway
National City.....Dr. Theo. F. Johnson
Nevada City.....Hugh Murchie
Oakland.....Dr. E. N. Ewer
Ontario.....Dr. C. S. Orr
Orange.....Dr. Ida B. Parker
Oroville.....Dr. W. F. Gates
Oxnard.....Dr. Ralph W. Avery
Pacific Grove.....Dr. H. N. Yates
Palo Alto.....Dr. Chas. Boxmeyer
Pasadena.....Dr. Stanley P. Black
Petaluma.....Dr. R. B. Duncan
Placerville.....Robert L. Crocker
Pomona.....Dr. T. J. Wilson
Piedmont.....Geo. T. Burtchael
Redding.....L. D. Poole
Redlands.....Dr. J. M. Wheat
Redondo Beach.....Dr. D. R. Hancock
Richmond.....Dr. Chas. R. Blake
Riverside.....Dr. Thos. R. Griffith
Sacramento.....Dr. Wm. K. Lindsay
Salinas.....Dr. Garth Parker
San Bernardino.....Dr. J. G. Ham
San Diego.....Dr. F. H. Mead
San Francisco.....Dr. W. F. McNutt, Jr.
San Jose.....Dr. A. L. Cothran
San Jacinto.....Charles Long
Santa Ana.....Dr. J. I. Clark
Santa Barbara.....Dr. Benjamin Bakewell
Santa Cruz.....Dr. C. H. Anderson
Santa Monica.....Dr. W. H. Parker
Santa Rosa.....Dr. J. W. Jesse
Sisson.....Dr. L. Gouzuett
South Pasadena.....Dr. C. A. Whiting
Stockton.....Dr. S. W. R. Langdon
Turlock.....Dr. E. L. Clough
Vallejo.....Dr. F. T. Bond
Watsonville.....Dr. F. H. Koepke
Yreka.....Dr. A. J. Collar

**THE CALIFORNIA STATE BOARD OF
HEALTH BULLETIN WILL BE SENT
FREE TO ANY CITIZEN OF THE STATE
ON REQUEST.**